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7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11  
12 In the Matter of the Accusation Against:

13 **GENE YONGJIN KIM, M.D.**  
14 St Marys Medical. Ctr. IM Dept.  
450 Stanyan St.  
15 San Francisco CA 94123

16 Physician's and Surgeon's Certificate No. A  
96720

17 Respondent.  
18

Case No. 800-2015-018856

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Xavier Becerra, Attorney General of the State of California, by Jane Zack Simon,  
25 Supervising Deputy Attorney General.

26 2. Respondent Gene Yongjin Kim, M.D. (Respondent) is represented in this proceeding  
27 by Virgil F. Pryor, Oium Reyen & Pryor, 220 Montgomery Street, Suite 910  
28 San Francisco, CA 94104-3440

3. On August 4, 2006, the Board issued Physician's and Surgeon's Certificate No. A 96720 to Gene Yongjin Kim, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-018856, and will expire on January 31, 2020, unless renewed.

## JURISDICTION

4. Accusation No. 800-2015-018856 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent, who timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-018856 is attached as Exhibit A.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-018856. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2015-018856, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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## **DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 96720 issued to Respondent Gene Yongjin Kim, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty five (35) months on the following terms and conditions.

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge, shall be Category I certified, and shall include course work focusing on diagnosis and treatment of pulmonary embolism. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

6 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
7 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
8 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
9 licenses are valid and in good standing, and who are preferably American Board of Medical  
10 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
11 relationship with Respondent, or other relationship that could reasonably be expected to  
12 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
13 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
14 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

15 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
16 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
17 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
18 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
19 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
20 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
21 signed statement for approval by the Board or its designee.

22 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
23 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
24 make all records available for immediate inspection and copying on the premises by the monitor  
25 at all times during business hours and shall retain the records for the entire term of probation.

26 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
27 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
28 cease the practice of medicine within three (3) calendar days after being so notified. Respondent

1 shall cease the practice of medicine until a monitor is approved to provide monitoring  
2 responsibility.

3 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
4 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
5 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
6 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
7 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
8 preceding quarter.

9 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
10 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
11 name and qualifications of a replacement monitor who will be assuming that responsibility within  
12 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
13 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
14 notification from the Board or its designee to cease the practice of medicine within three (3)  
15 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
16 replacement monitor is approved and assumes monitoring responsibility.

17 In lieu of a monitor, Respondent may participate in a professional enhancement program  
18 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
19 review, semi-annual practice assessment, and semi-annual review of professional growth and  
20 education. Respondent shall participate in the professional enhancement program at Respondent's  
21 expense during the term of probation.

22 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
23 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
24 Chief Executive Officer at every hospital where privileges or membership are extended to  
25 Respondent, at any other facility where Respondent engages in the practice of medicine,  
26 including all physician and locum tenens registries or other similar agencies, and to the Chief  
27 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
28 ///

Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

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1        License Renewal

2        Respondent shall maintain a current and renewed California physician's and surgeon's  
3 license.

4        Travel or Residence Outside California

5        Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
6 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
7 (30) calendar days.

8        In the event Respondent should leave the State of California to reside or to practice  
9 ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
10 departure and return.

11        9.    INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
12 available in person upon request for interviews either at Respondent's place of business or at the  
13 probation unit office, with or without prior notice throughout the term of probation.

14        10.   NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
17 defined as any period of time Respondent is not practicing medicine as defined in Business and  
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
20 Respondent resides in California and is considered to be in non-practice, Respondent shall  
21 comply with all terms and conditions of probation. All time spent in an intensive training  
22 program which has been approved by the Board or its designee shall not be considered non-  
23 practice and does not relieve Respondent from complying with all the terms and conditions of  
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
25 on probation with the medical licensing authority of that state or jurisdiction shall not be  
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
27 period of non-practice.

28        ///

1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
2 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice for a Respondent residing outside of California will relieve  
9 Respondent of the responsibility to comply with the probationary terms and conditions with the  
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
12 Controlled Substances; and Biological Fluid Testing..

13 11. COMPLETION OF PROBATION. Respondent shall comply with all financial  
14 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
15 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
16 be fully restored.

17 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
18 of probation is a violation of probation. If Respondent violates probation in any respect, the  
19 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
20 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
21 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
22 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
23 the matter is final.

24 13. LICENSE SURRENDER. Following the effective date of this Decision, if  
25 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
26 the terms and conditions of probation, Respondent may request to surrender his or her license.  
27 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
28 determining whether or not to grant the request, or to take any other action deemed appropriate

1 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
2 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
3 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
4 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
5 application shall be treated as a petition for reinstatement of a revoked certificate.

6 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
7 with probation monitoring each and every year of probation, as designated by the Board, which  
8 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
9 California and delivered to the Board or its designee no later than January 31 of each calendar  
10 year.

11 **ACCEPTANCE**

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
13 discussed it with my attorney, Virgil F. Pryor. I understand the stipulation and the effect it will  
14 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
15 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
16 Decision and Order of the Medical Board of California.

17  
18 DATED: 7.25.19

  
\_\_\_\_\_  
19 **GENE YONGJIN KIM, M.D.**  
Respondent

20 I have read and fully discussed with Respondent GENE YONGJIN KIM, M.D. the terms  
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
22 Order. I approve its form and content.

23 DATED: \_\_\_\_\_

\_\_\_\_\_  
24 **VIRGIL F. PRYOR**  
Oium Reyen & Pryor  
25 Attorneys for Respondent  
26  
27  
28

1 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
2 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
3 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
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5 application shall be treated as a petition for reinstatement of a revoked certificate.

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7 with probation monitoring each and every year of probation, as designated by the Board, which  
8 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
9 California and delivered to the Board or its designee no later than January 31 of each calendar  
10 year.

11 ACCEPTANCE

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13 discussed it with my attorney, Virgil F. Pryor. I understand the stipulation and the effect it will  
14 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
15 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
16 Decision and Order of the Medical Board of California.

17  
18 DATED: \_\_\_\_\_

19 GENE YONGJIN KIM, M.D.  
Respondent

20 I have read and fully discussed with Respondent GENE YONGJIN KIM, M.D. the terms  
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
22 Order. I approve its form and content.

23 DATED: Feb 29, 2019

24 VIRGIL F. PRYOR  
Oium Reyen & Pryor  
Attorneys for Respondent  
25  
26  
27  
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**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: July 29, 2018

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California

  
JANE ZACK SIMON  
Supervising Deputy Attorney General  
*Attorneys for Complainant*

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## **EXHIBIT A**

1 XAVIER BECERRA  
2 Attorney General of California  
3 JANE ZACK SIMON  
4 Supervising Deputy Attorney General  
5 State Bar No. 116564  
6 455 Golden Gate Avenue, Suite 11000  
7 San Francisco, CA 94102-7004  
8 Telephone: (415) 510-3521  
9 Facsimile: (415) 703-5480  
10 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Nov 26 2018  
BY *[Signature]* ANALYST

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2015-018856

**GENE YONGJIN KIM, M.D.**  
St. Mary's Medical Center IM Department  
450 Stanyan Street  
San Francisco, CA 94123

**A C C U S A T I O N**

Physician's and Surgeon's Certificate  
No. A96720,

Respondent.

Complainant alleges:

**PARTIES**

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California.

2. On August 4, 2006, the Medical Board issued Physician's and Surgeon's Certificate Number A96720 to Gene Yongjin Kim, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2020, unless renewed.

**JURISDICTION**

3. This Accusation is brought before the Medical Board of California (Board), under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.”

### FIRST CAUSE FOR DISCIPLINE

**(Gross Negligence/Repeated Negligent Acts)**

6. Respondent is subject to disciplinary action under sections 2234 and/or 2234(b) and/or 2234(c) in that Respondent engaged in unprofessional conduct and/or was grossly negligent and/or committed repeated acts of negligence in his care and treatment of Patient P-1.<sup>1</sup> The circumstances are as follows:

<sup>1</sup> The patient is referred to as P-1 to protect privacy.



1           7.     Respondent is a primary care physician in San Francisco, California. P-1 was a  
2 healthy, athletic 29 year old when he saw Respondent for a new patient visit on November 23,  
3 2010. P-1 reported a family history of Antithrombin III deficiency<sup>2</sup>. Respondent thereafter saw  
4 P-1 intermittently. Respondent's medical record for an October 15, 2012 office visit noted that P-  
5 1 advised Respondent that he had tested positive for Antithrombin III deficiency.

6           8.     On January 15, 2013, P-1 saw Respondent. P-1 described numerous symptoms,  
7 including: fatigue since December 23, 2012, shortness of breath to the extent he "can't walk down  
8 the streets," dyspnea<sup>3</sup> on exertion, general sick feeling, cough, dizziness, diarrhea, body ache,  
9 nasal congestion and discharge and sore throat. P-1 stated he had experienced pain in his upper  
10 thigh the previous week. Respondent documented a normal physical exam, including that P-1's  
11 lungs were clear. He noted P-1's temperature was low at 94.9, and blood pressure was recorded at  
12 98/75.

13           9.     Respondent's assessment was shortness of breath, dyspnea on exertion, fatigue, and  
14 hypothermia. Respondent ordered laboratory tests and a chest x-ray, with a plan to follow up on  
15 the results and to consider cardiac and pulmonary embolism workup if the ordered tests did not  
16 reveal infection.

17           10.    Respondent's discussion of his care of P-1 during a deposition and an interview with  
18 the Board's investigative staff revealed that although he considered pulmonary embolism as part  
19 of the January 15, 2013 differential diagnosis, his strong impression was that P-1 had an infection  
20 and that he did not give serious consideration to other possible diagnoses.

21           11.    Laboratory tests results received on January 16, 2013 showed only mildly elevated  
22 white blood count. The chest x-ray and urinalysis were normal. The blood culture results were not  
23 yet available. Respondent prescribed an antibiotic for "infection". His office note stated "if not  
24 better in 2-3 days then CTA =/1 cardiac evaluation." Respondent explained that note indicated if  
25 the patient was not better in 2-3 days, he would re-evaluate his initial diagnosis of infection.

27                   <sup>2</sup> Antithrombonin III deficiency is a genetic disorder that causes the blood to clot more  
28 than normal. Individuals with this condition are at increased risk for blood clots.

<sup>3</sup> Labored breathing.

1           12. On January 17, 2013, P-1 presented to the emergency room complaining of  
2 worsening shortness of breath and pleuritic chest pain. A CT angiogram was performed, resulting  
3 in a diagnosis of pulmonary embolus and pulmonary hypertension. P-1 was admitted to the  
4 hospital, but died on January 19, 2013, following cardiopulmonary arrest.

5           13. Respondent is guilty of unprofessional conduct and Respondent's certificate is  
6 subjected to discipline pursuant to Sections 2234 and/or 2234(b) and/or 2234(c) of the Code  
7 based upon gross negligence and/or repeated negligent acts, including but not limited to the  
8 following:

- 9           A. Respondent failed to implement an appropriately thorough and timely diagnostic  
10 strategy for a patient at increased risk for pulmonary thromboembolic disease who  
11 presented with symptoms consistent with pulmonary embolism.
- 12           B. Respondent focused on P-1's hypothermia as an indication of infection, when there was  
13 no indication in the totality of P-1's clinical presentation suggestive of a significant  
14 septic or infectious process, and even after receipt of the laboratory results, deferred  
15 diagnostic assessment or intervention to investigate the more likely possibility of  
16 pulmonary embolism.
- 17           C. Respondent focused his diagnostic assessment on infection, even though the patient's  
18 symptoms of hypothermia and hypotension would suggest a serious and potentially life  
19 threatening infectious process not consistent with P-1's general presentation, and if  
20 indeed Respondent believed the patient to have an infection with this presentation, he  
21 failed to develop a strategy to respond to a potentially life threatening infectious  
22 process.
- 23           D. Respondent noted symptoms of respiratory complaints and fatigue, but did not  
24 adequately integrate these symptoms into a plausible clinical scenario.
- 25           E. Respondent failed to obtain or document an in-office ambulatory oxygen saturation,  
26 EKG or simple D-dimer test for blood clot, despite Respondent's awareness that a  
27 cardiopulmonary process was within the differential diagnosis of P-1's clinical  
28 presentation, and despite knowing about P-1's Antithrombin III deficiency status.

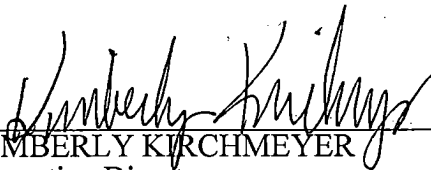
**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A96720, issued to respondent Gene Yongjin Kim, M.D.;
2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED:

November 26, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
State of California  
*Complainant*